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			Complete if Known			
Substi	tute for form 1449/PTO		Application Number	.		
INIT	CODERATION DI	CCI OCUDE	Filing Date	Sept. 9, 2003		
	FORMATION DI		First Named Inventor	Spreitzer, E.		
ST	ATEMENT BY A	APPLICANT	Art Unit			
	(Use as many sheets as	necessary)	Examiner Name			
Sheet	1 of	1	Attorney Docket Number	030205.004		

				DOCUMENTS	
Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ^{2 (f known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document Pub	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ^{3 -} Number ^{4 -} Kind Code ⁵ (if known)	MM-DD-YYYY			
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Translation is attached.

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